Type a plus sign (+) inside this box \rightarrow [+]

0010/PTO Rev. 6/95		U.S. Department Patent and Train		Firs	t Named Inventor	Leo	Leon P. Janik							
					COMPLE									
	DEC	LARATION		Applicatio	n Number									
_	Declaration Submitte	d — Declarati	on Submitted	Filing Date	•									
\boxtimes	with Initial Filing	after Initi		Group Art	Unit									
				Examiner	Name									
				····		· · ·								
As an	As an above named inventor, I hereby declare that:													
My residence, post office address, and citizenship are as stated below next to my name.														
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are														
listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:														
	Drain Valve Insert													
the e	(Title of the Invention)													
the specification of which														
Ш	is attached hereto													
	OR													
	was filed on (MM/D	D/YYYY)	02/17/2005	as Unite	d States Application or F	PCT International	Application Number							
	PCT/US2005/00	05062 and wa	s amended on (MM/DD/YYYY			(if applicable).							
I here	eby state that I have re	eviewed and unders	tood the content	ts of the above	-identified specification,	including the clai	ms, as amended by							
any a	mendment specifically	referred to above.												
l ackr	nowledge the duty to d	isclose information	which is materia	I to patentabili	y as defined in Title 37	Codes of Federal	Regulations, §1.56.							
I here	eby claim foreign prio	rity under Title 35,	United States (Code § 119 (a)-(d) or § 365 (b) of ar designated at least one	y foreign applica	tion(s) for patent or							
of An	nerica, listed below an	d have also identifie	ed below, by che	ecking the box	any foreign application ication on which priority	for patent or inve	entor's certificate, or							
F	Prior Foreign	Country	Foreign I	Filing Date	Priority Claimed	Cop	by Attached							
Appli	cation Numbers		(MM/DI	D/YYYY)	Yes No	Yes	No.							
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:														
I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:														
	ication Number(s)	Filing D (MM/DD/	ate		-									
<u> </u>		onal application listed on a												
	60/545,030	riority sheet	;											
						attached hereto.								

Attorney Docket

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DECLARATION									Page 2							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.																
	arent Ap	plication	PC	CT Parent		Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)					
	.,,,,,,															
Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:																
applicati	As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:															
Fi	irm Nam	ne:	Alix,	Yale & Ri	istas, LL	Р		Custome	∍r Nur	mber:			00254:	3		
believed punisha	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name o	f Additic	onal Joint I	nventor,	if any:				A	petitic	n has	been filed f	for this ur	nsigned	d inven	itor	
Given Name		Leon		Middle Initial	P. Family Name				Janik			Suffix				
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City	Glas	stonbury State Connecticut Zip 06				6033	Country United States Applicant Authority									

 ${\boxtimes}$ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor																
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Inventor's Signature				W 7	om Tou				Date			12/22/05				
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor												r				
Given Name	Raymond			Middle Initial	F.		mily ime	Anderson				Suffix				
Invento Signat		Ray	m	4	Md	ler	~~~	-		12.	Date - / 5 - 05	+				
	RESIDENCE: Watertown		town	State	Co	nnec	ticut	Count	ry		d States merica	Citizenship		United States of America		
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Name of	f Additi	onal Joint	Inventor,	if any:		<u> </u>		A	petit	ion has	been filed f	or this ι	ınsigne	invento	г	
Given Name		Michael	1	Middle Initial	J		Family Name		Williams		Suffix					
Invento Signat		2	1161	to X	2/1	The	WID.				Date	12-22-05			5	
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POS OFFIC ADDRE	CE		_	-			14	4 Ham	pshi	re Dri	ve					
City	Glas	stonbury	State	Conr	necticu	t Zi	рО	6033	COSS COUNTRY					pplicant uthority		
Name of	f Additi	onal Joint	Inventor,	if any:		· · · · · · · · · · · · · · · · · · ·	•	A	petit	tion has	been filed f	or this u	ınsigne	d invento	r	
Given Name		_	-	Middle Initial			Family Name					Suffi	Suffix			
Inventor's Signature Date																
RESIDENCE: City				State				Cour	Country			Citizenship				
POST OFFICE ADDRESS																
City		•	State			Zip			C	ountry			Applica Authori			
Add	Additional inventors are being named on supplemental sheet(s) attached hereto															